

Provider Name:
Location Audited
Service Type Audited:
Surveyor:
Individual Names:
Location owned or leased by Provider:
Audit Date:

This sheet is organized by topic/ process. The worksheet outlines the standard process for review and includes space to note evidence (+ or -) for rating. Note: as referenced, many indicators have more than one source of information. Please refer to the Tool for more detailed information on sources, how measured, and criteria for standard met.

(§ - pertains when location is owned or leased by provider) (The shaded areas represent processes where evidence should be obtained in accordance with manual)

Highlighted sections are new since 7/1/21


LOCATION INDICATORS

GENERAL OVERVIEW– Process Guidelines with Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L5/ L6	Less than 24-hour services – Interview individual about ability to evacuate	What are the evacuation procedures? How is evacuation ability and timeliness assessed or for services? Where fire drills not required, how do you ensure that individuals can safety and promptly evacuate?	During observation assess mobility, egresses, individual's ability to navigate the home and evacuate	Safety Plan Fire drill logs Evaluate the drills to determine if strategies outline in EESP match what are being used.

FINDINGS:

EVIDENCE

L5:	There is an approved Safety Plan which has the Provider Assurance Form been signed by the provider and DDS Area Office? <i>(Applies to all settings, except site less services – e.g., community employment) (2 years or change in individuals' ability to evacuate)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(Note date of signed PAF and if accurate or not)</i>
	Has staff been trained in the safety plan, including strategies for the individual if he or she requires assistance to evacuate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(Use staff training review to note training dates)</i>
	Are staff knowledgeable of how to evacuate individuals in accordance with safety plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(If participant simulation used, completed in accordance with guidelines.)</i>
L6: 	Are all individuals able to evacuate the home in 2 ½ minutes with or without assistance from staff? <i>For CBDS/Employment are the individuals able to evacuate in a safe, orderly and timely manner?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(Note maximum evac time of awake and asleep drills &/or assessment of ability)</i>
L7:	Fire drills are conducted as required. <i>(Not applicable to IHS and Placement)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(Note date and type of drills for last year)</i>

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L41- L42		Grocery shopping and menu routines Knowledge of healthy diets Familiarity with nutritionally sound diet models including E509 Nutrition Standards. For individuals, physical activity engaged in	Array of healthy foods Adequate supply of foods	Menus Schedules including Physical activities Recipe books 509 educational materials

FINDINGS:				EVIDENCE
L41	Individuals are supported to follow a healthy diet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
L42	Individuals are supported to engage in physical activity.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L50 Rate per Indi	Do you like the staff that work in with you? Do staff ask your opinion and respect your wishes? Do staff treat you respectfully?		Respectful communication	Individual record Staff log

FINDINGS:				EVIDENCE
L50: Rate per indi	Written and oral communication with and about individuals is respectful.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L54 Rate per indi	Do you need help getting dressed or showering? If yes, does staff help you to take care of yourself? If no, does staff give you privacy when you're taking care of yourself? If you want to talk to staff about something personal, are you able to do that privately?	Ask about and observe people being supported with privacy in the bathroom and bedroom.	During observation watch to see privacy is given Check re: sharing of personal info.; No publicly displayed information about individuals	Staff log

FINDINGS:				EVIDENCE	
L54 Rate per indi	Individuals have privacy when taking care of personal needs and discussing personal matters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L89 (ABI)	Who do you speak to if you have a complaint? Who do you speak to next if issue not fixed?	What is the process for assisting a person with filing or logging a complaint? Who does the complaint go to, and how is it resolved?		Complaint Log Evaluate the resolution and how timely resolved

FINDINGS:				EVIDENCE	
L89: ABI	The ABI provider has a complaint and resolution process that is effectively implemented at the local level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
C20 Rate per indi	What would you do in the event of an emergency?	Describe the emergency backup plan for the people you support? Questions on emergency back up plans re: health care / infection control procedures.		On call and emergency back up plans Something on procedures and information on health care/ public health / infection control procedures Back up emergency and disaster and relocation plan information which is included as part of the EEFS plan.

FINDINGS:				EVIDENCE	
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C20: Rate per indi	The provider has emergency back-up plans to assist individuals to plan for emergencies and/or disasters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
C49			Observe exterior of home, and neighboring homes	



FINDINGS:			EVIDENCE	
C49:	The physical setting blends in with and is a natural part of the neighborhood and community. §	<input type="checkbox"/> Yes	<input type="checkbox"/> No	


ENVIROMENTAL REVIEW – Process Guidelines and Sample Interview Questions				
Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L9 Rate per indi	What appliances and equipment do you use in your home? Is there anything you would like to learn to use such as the microwave, or stove, etc.	What appliances and equipment does the person use in their home/workplace? How do you teach the person to increase their skills or safely use equipment?	Review the individual's independence and skills within their home. Is this consistent with the safety assessment?	Review the Use of equipment in Safety assessment in ISP.

FINDINGS:			EVIDENCE		
L9: Rate per indi	Individuals are able to utilize equipment and machinery safely. <i>(ISP assess for residential)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L11- L30		Systems for repairs and maintenance? Potential questions on cleanliness and sanitation due to public health mandates.	Conduct a walk-through of the entire location, both within the home, and the exterior of the home.	Inspections Test the fire alarm system

			Check for cleanliness, safety, maintenance	Refer to Sec. 8 crosswalk, if applicable Documentation and procedures due to public health mandates.
L16	Ask person if there is something that they would like to do for themselves, that they currently cannot do to determine if further modifications could be made. <i>(answers may inform C54 if not related to building modifications needed)</i>	Ask about and observe the person maneuvering and using amenities around their home. (i.e., entering the home, using cooking equipment, accessing things for themselves).	If the person uses a wheelchair or mobility aides, or is deaf or blind, modifications should be seen in the home.	Review the Use of equipment in Safety assessment in ISP to determine what equipment/appliance can use


ENVIROMENTAL REVIEW FINDINGS:		EVIDENCE			
L11: 	There has been an inspection of the furnace/boiler and water heater (other than electric) within the past year, which indicates that this equipment is safe and free from leaks, cracks, worn or broken wiring and loose connections.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Note dates of what and when inspected)
	Local official's inspection and approval has been obtained for installation of a solid fuel-burning equipment (e.g., wood stove).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Where there is a sprinkler system, there is a yearly inspection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L12: 	There is a fire extinguisher (A-B-C Type) which is easily seen and accessible in the kitchen area and which remains in the green zone or an inspection tag that indicates not expired. <i>(Applies to all 24-hour, Placement, CBDS and Respite. Applies to IHS and Employment when location is owned, rented, or leased by provider.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	There is at least one approved smoke detector on each level of the home, including basements. (Must meet applicable Massachusetts State Building Code requirements.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	On any floor, level or story exceeding 1200 square feet in area, 1 approved smoke detector is provided for each twelve hundred 1200 square feet or part thereof. (Must meet applicable Massachusetts State Building Code requirements.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Smoke detectors are located outside sleeping areas on every floor of the home. (or inside bedrooms if fire protection system upgraded after 8/27/97).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	If more than one smoke detector is required in the home, each detector must be interconnected so that when one activates, all will sound. (Must meet applicable Massachusetts State Building Code requirements.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

ENVIROMENTAL REVIEW FINDINGS:		EVIDENCE		
	Carbon Monoxide detectors are within 10 feet of bedrooms and on every level of your home, including habitable portions of basements and attics.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	The fire alarm system, any adaptive devices (e.g., bed-shaker, horn, flashing/strobe light) and automatic emergency lighting are operational.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L13: 	Location is clean and free of rodent and/or insect infestation. Evidence of frequent disinfection practices for infection control.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L14:	Every porch, balcony, deck or roof used as a porch or deck has a wall or protective railing that is in good repair.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L15:	There is sufficient water pressure to both hot and cold water fixtures (e.g., kitchen, bathroom, laundry room). Hot water temperature tests between 110° and 120°. <i>This indicator is rated in all service types, however only rate in IHS or Employment if location is owned, rented or leased by the provider.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <i>(A temperature tested at least one faucet (e.g., bathroom sink) and shower (at the tub or overhead showerhead) that lies below 100 or above 120 degrees, will be rated as a not met)</i>
L16:	Bathroom fixtures are operable by and accessible to the person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Kitchen appliances are operable by and accessible to the individual. Including ability to use counters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L17:	There are two means of egress from floors at grade level §	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L18:	All other floors above grade have one means of egress and one escape route on each floor leading to grade. §	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L19:	Bedrooms of individuals requiring hands-on physical assistance to evacuate or who have mobility impairment, including individuals who use a wheelchair, are on a floor at grade or on a floor with a “horizontal exit,” as set forth in current Massachusetts State Building Code. <i>(Applies to all 24-hour, placement, and site-based respite) §</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L20:	Exit doors are easily operable by hand from inside without the use of keys. <i>Double cylinder dead bolt locks that require a key operation are prohibited.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L21:	The agency ensures there are no overloaded wall receptacles. All visible cords are free from cracks or wear. Extension cords or multiple plug adapters are not used on any appliance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	The agency ensures there is no electrical wiring passing across frequently traveled floor areas, under floor coverings such as rugs, or extending through doorways or other openings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Circuit breakers are labeled.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L22:	The propane gas tank for outdoor grill is located at least 10 feet away from exterior of home/wood decks and is properly maintained. <i>(N/A when not present)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	The washer and/or dryer are free of visible leaks. Dryer vent and filter are properly maintained. The dryer is lint-free.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

ENVIROMENTAL REVIEW FINDINGS:		EVIDENCE		
	Portable freestanding heaters when used, are only used in limited circumstances and meets standards for use (see 2004 memo). <i>(N/A when not present)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	All appliances and equipment are clean, operational and properly maintained. (e.g., dryer vents free of lint, filters clean, appliances work.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L23:	The agency ensures there are no locks on bedroom doors that provide access to an egress. §	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L24:	Locks on bedroom doors which do not provide access to an egress are permitted only if the provider has documented that the lock may be easily opened from the inside without a key and that the individual(s) is able to unlock the door from the inside and at all times staff carry a key to open the door in the event of an emergency. (Applies to all 24 hour and site-based respite) §	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L25:	Potentially dangerous substances are stored separately from food and are in containers that are accurately labeled. Cleaning supplies relative to infection control are stored safely away from food. <i>(Not applicable to Placement)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L26:	Walkways, driveways, and ramps are in good repair, and kept clear in all seasons. There is adequate lighting for pathways, exits and ramps.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L27:	If applicable, swimming pools are safe and secure. (Refer to the DDS Water Safety guidelines, dated 5/10/13.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Supervision and provider training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Environment is safe with locks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Individual assessment completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L28:	The agency ensures there are no flammable materials either liquid (e.g., kerosene or gasoline) or solid, stored in the house. Oxygen is stored properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L29:	There is not rubbish or combustibles stored near the heating equipment. <i>(3 feet from fuel burning heating system)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L30:	The exterior of the home including porches, garages, is in good condition including paint and/or siding trim and shutters, fences, garages and sheds on the property, porch, deck or patio, and roof (free from peeling paint, rotted wood and holes, dents/rusted parts).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L40:	There is an adequate supply of nutritional foods available at all times. <i>(Not Applicable to Placement)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
C15	Personalization of bedroom and home?	Personalization of home?	Observe bedroom and home for personalization.	

FINDINGS:		EVIDENCE			
C15:	Staff (Home Providers) support individuals to personalize and decorate their rooms/homes and personalize common areas according to their tastes and preferences.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

HEALTH AND MEDICATION REVIEW – general / location specific		Evidence			
L44	The location where the medication is being administered by certified staff is registered by DPH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Note Registration # and Exp. Date)
L45	Medications are stored in a locked container or area in which nothing except such medications are stored. <ul style="list-style-type: none"> Controlled Substances (Schedule II – V) are double locked. Example: Locked box within a locked cabinet. Only authorized staff have access to the key to the locked container or area (MAP Policy, 10-2). Controlled substances are double locked in the refrigerator. Medications or ointments used externally are stored separately from medications taken internally. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L82 	Medications are administered by licensed professional staff or by MAP certified staff (or by PCAs) for individuals unable to administer their own medications. (see current MAP training, testing and certification information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Use staff training review to note training dates)

PERSONAL SAFETY – Process with Sample Interview Questions				
Indicator	Individual questions	Staff questions	Observation	Documentation/ Additional items
L91	Ask individual about any accidents or injuries.	Interview staff for knowledge in incident definitions and reporting requirements Ask if the guardian (if applicable) was notified of major incidents)		Review documentation (individual and location) to assess whether reportable items noted within communication log, individual record, or interview were also submitted as incident reports. Cross check to ensure any incident that was reportable to DPPC had been. (Timeline: Major—1 business day; Minor—3 business days; Both 7—business day finalization)

PERSONAL SAFETY - FINDINGS				
L91:	Incidents are reported and reviewed as mandated by regulation. (Review for last 13 months of incidents in HCSIS) (refer to the 2-page guidelines for assessing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COMPETENT WORKFORCE – Process with Interview Questions				
Indicator	Individual questions	Staff questions	Observation	Documentation/ Additional items
L85		Ask about support/supervision- frequency. Ask about training options. Ask about oversight and monitoring of the location in general. Ask care provider and placement coordinator about systems of supervision and oversight.		Staff meeting minutes. Team meeting documentation Evaluations and on-going supervision Identify if issues with # of indicators

COMPETENT WORKFORCE		YES	NO	N/A	Evidence
L78:	Staff are trained to safely and consistently implement restrictive interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(use staff training review to note training dates; list behavior plan intervention with training dates)
L79:	Has all staff implementing the restraint received training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(use staff training review to note training dates)
L80:	Support staff are trained to recognize signs and symptoms of illness. (observation guidelines & just not right)	<input type="checkbox"/>	<input type="checkbox"/>		(use staff training review to note training dates)
L81:	Is there a policy or procedure that guides staff what to do in the event of a medical emergency? Are first aid supplies maintained at home and work?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
L85:	The agency provides ongoing supervision, oversight and staff development.	<input type="checkbox"/>	<input type="checkbox"/>		
	On-going supervision in place; on-going staff meetings in line with policy	<input type="checkbox"/>	<input type="checkbox"/>		
	Staff consistently instructed when things change; staff are consistently implementing new directives.	<input type="checkbox"/>	<input type="checkbox"/>		
	Supervision and oversight in place to assure compliance with the guidelines and practices.	<input type="checkbox"/>	<input type="checkbox"/>		
	Regular monitoring reveals issues. Supervisory staff works with staff on identified issues to ensure correction.	<input type="checkbox"/>	<input type="checkbox"/>		


INDIVIDUAL INDICATORS: CLUSTER A (Name:)


MEDICATION AND HEALTH REVIEW – Process and Sample Interview Questions				
Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/Addt'l items

MEDICATION AND HEALTH REVIEW – Process and Sample Interview Questions

L38	Ask about their responsibility in managing their health care.	Staff are knowledgeable of individual(s) health management Protocol(s) What health issues does the person have there are specific protocols in place?	Check to see that any necessary equipment outlined in protocol is present and functional.	Training Documentation Healthcare review to determine if significant health conditions Check to see if needed to be implemented it was done so correctly.
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MEDICATION AND HEALTH REVIEW FINDINGS:

Person's Initials:		Evidence (specify if different person from cluster A)			
	Does the individual have any health concerns? If yes, what are they?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L8:	Is there an Emergency Fact Sheet, and is it completed accurately? (Compare P.O.'s to med list, check medical conditions that are needed by EMS are listed, accurate contact info)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		(Refer to EFS interpretations)
L33:	The individual has at least an annual physical examination within the last 15 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		(Note dates of the current and past PE)
L34:	Does the individual have at least an annual dental examination within the last 15 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Note dates of the current and past DE)
L35:	Are there routine screenings for early detection or prevention (e.g., Immunizations, Pap smear, mammography, prostate screening)? (Use DDS guide for preventative screening)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Use Healthcare Screening Checklist, Healthcare Coordination Review Sheet)
L36:	Recommended tests and appointments with specialists are made and kept? (includes tracking such as blood pressure when required by physician, not for med administration or as part of health management plan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Use Healthcare Coordination Review Sheet)
L37:	Individuals receive prompt treatment for episodic health care conditions. Staff are familiar of what to do if a person is ill, including recognition and prompt treatment of communicable viruses or acquired conditions, e.g., tick-borne illnesses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
L38: 	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team). (e.g., dysphagia, sleep apnea, seizure disorder, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L39:	Special dietary requirements are followed. (rate compliance with special diets such as textured diets; low calorie, gluten free, heart healthy; does not include dysphasia diets that are part of a broader Health Care Management Plans rated in L38)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

MEDICATION AND HEALTH REVIEW FINDINGS:						
Person's Initials:		Evidence (specify if different person from cluster A)				
L43:	The health care record is maintained and updated as required. (at the time of the ISP and when a significant change occurs (w/in 30 days of change or new diagnosis); see interpretation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
L46 	All prescription medications are administered according to the written order of a practitioner and are properly documented on a Medication Treatment Chart. (Refer to Medication Guide; refer to current MAP guidelines and publications)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Refer to Medication Guide – list months reviewed)	
L47:	The self-medicating individual has a clear assessment, support plan and adequate support and protections in place in the event that needs change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	(Refer to Medication Guide)	
	If no, ask if someone else living in the location is self-medicating? If yes: Add person's initial's	(Refer to Medication Guide)				

HEALTH CARE COORDINATION REVIEW						
Practitioner Type	Visit Date, Recommendations F/U, labs, protocol, etc.	If Recommendations, What & When completed	Visit Date, Recommendations F/U, labs, protocol, etc.	If Recommendations, What & When completed	Visit Date, Recommendations F/U, labs, protocol, etc.	If Recommendations, What & When completed
PCP						
Neuro						
Psych						
Dental						
OB/GYN						
Labs						




Podiatry						
Pulmonologist						
Oncologist						
Endocrinologist						
Nephrologist						
Cardiologist						
ENT						
Eye						
Hearing						
Other						
ER/Urgent Care Visits Check HCSIS						



MEDICATION GUIDE

Residential, IHS, Day Services: The purpose medication guide to determine if the individual is receiving his or her medication properly; that is if the individual is receiving the right medication, the right dosage, at the right time and by staff who are trained to give medications.

Placement: A system to ensure that medications are administered properly.

Process: Ask for 12 months of medication administration records. Select the current month and two other months to evaluate that medications are given appropriately.

Indicator/ Svc Apply	Requirement	Guideline	Evidence			
L46:  Res, IHS, Day & Employ	All prescription medications are administered according to the written order of a practitioner.	Practitioner can include a physician, dentist, physician's assistant, nurse practitioner).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L46:  Res, IHS, Day & Employ	All prescription medications are documented on a Medication and Treatment chart that specifies: <ul style="list-style-type: none"> Name and dosage; When and how the medication is to be given; If medication ordered is for a set number of days, start and stop dates; and Special instructions for administration. 	<ul style="list-style-type: none"> Documentation of all of the following is consistent: <ul style="list-style-type: none"> -Medication labels on the container -Medication and Treatment form. -Health Care Practitioner's Order. -Where applicable, both generic and brand names are listed. -Documentation on Medication and Treatment chart is in ink. (no white out, erasers or mark-overs) 	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<ul style="list-style-type: none"> Medication ordered for the "hour of sleep" should be given just before the individual goes to bed or as specified by the practitioner. If Ancillary Practices (i.e., vitals, high alert medications, etc.) are required for medication administration, there are written parameters from the practitioner. See MAP Policy Manual, 08-1-8. 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
L46:  Res, IHS, Day & Employ	<u>PRN Medications</u> Medications are not prescribed for restraint purposes but may be prescribed for treatment purposes only.	<ul style="list-style-type: none"> Medication Administration Policy Manual, Policy 06-2. Example: Tylenol 325mg, 1 tab by mouth every 6 hrs. as needed for a fever >101. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicator/ Svc Apply	Requirement	Guideline	Evidence			
	For PRN medications, the prescribing practitioner must provide a statement of specific, observable criteria for determining when the medication is needed.	<ul style="list-style-type: none"> Observable criteria should be specified on the practitioner's order, label, and medication and treatment chart. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L46:  Res, IHS, Day & Employ	<u>Over-The-Counter-Medications</u> Written approval for over-the-counter (OTC) medications are obtained from the practitioner.	See MAP Policy Manual, 06-9. <ul style="list-style-type: none"> A practitioner's order is required for OTC medications. OTC medications are administered according to the same procedures used to administer prescription medications. * OTC Method A: A label is applied by the pharmacy as prescription medications are labeled; or * OTC Method B: A licensed professional must verify the contents of the OTC medication or preparation (if not labeled by the pharmacy).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	<u>Medication Occurrences</u> A Medication Occurrence (MOR) form is completed for the following: wrong individual, medications, time, dose, route (e.g., mouth, skin).	See MAP Policy Manual, 9-1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L46:  Placement	A system to ensure that medications are administered properly.	The following components are needed: 1. Current Health Care Provider orders 2. Medication (side effect) information 3. Labeled pharmacy containers 4. Assurance by the care providers that medications are given consistent with Physician's orders, and therefore should have a system to reflect/ document that medications have been administered in that manner e.g., check mark on a calendar; medication sheets, etc. 5. The Placement agency must have a mechanism to monitor and oversee medication administration at each care provider home and the ability to describe the system. For example, the placement coordinator could review medication information such as the physician's	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Indicator/ Svc Apply	Requirement	Guideline	Evidence			
		orders, the pharmacy containers, and proof of administration of medications during the monthly visits.				
L47: Res, IHS, Placement	Individuals who are self-medicating have their prescription medication stored in such a way as to be inaccessible to other individuals.	<ul style="list-style-type: none"> Medications may be unlocked if they pose no risk to the individual and other individuals; <u>but</u> all narcotics, barbiturates and tranquilizers must be in a locked container or area. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L47: Res, IHS, Placement	Individuals who are self-medicating – An assessment has been completed that demonstrates the person meets the criteria for Self-Administration.	<ul style="list-style-type: none"> a. an ability to store his/her medication so that it is inaccessible to others; b. an understanding of the type of medication, its purpose and for what symptoms or condition it is being prescribed; c. knowledge of the frequency of doses (verbal reminders may be used); and a familiarity with the most common side effects of the medication, if any. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L47: Res, IHS, Placement	Individuals who are self-medicating <ul style="list-style-type: none"> The individual is taking medications consistent with physician's orders. The individual is assessed regularly to determine whether any changes are needed to the medication support plan. 		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

MEDICATION	PRACTITIONER'S ORDERS	CONTAINER LABEL	EXPIRATION DATE	MEDICATION AND TREATMENT CHART	EMERGENCY FACT SHEET (note <i>Errors in EFS in L8</i>)	SIDE EFFECTS

Behavior Modifying Medications: 115 CMR 5.15(4)

Rate this for sampled individual (**Cluster A person**). Rate for the Cluster B person, if the cluster A individual is not prescribed behavior modifying medication or is *self-medicating AND competent AND the agency is not coordinating their healthcare*.

If not relevant to B person, ask if it is applicable to anyone else at the location. If so, apply indicator for that person.

Person's Initials:		YES	NO	N/A	Evidence
L 63:	*** Pre-sedates do not need a full MTP. Does the individual have a prescribed medication to calm or relax him or her during medical treatment? If yes: <ul style="list-style-type: none">Has the individual or guardian consented through the ISP?Is the plan to assist the individual to learn how to cope with medical treatments and that lead to the decrease or elimination of medication for chemical relaxation incidental to treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Does the ISP or Medication Treatment Plan (MTP) contain the following? <ul style="list-style-type: none">A description of the behavior to be controlled/modified?Data on the behavior prior to the medication forming a basis from which the clinical course is evaluated?Information about side effects, procedures to minimize risks and clinical indications for terminating the drug?Data is taken to be shared with prescribing practitioner to evaluate the effectiveness of the medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L 64:	Is the Medication Treatment Plan identified in the ISP	<input type="checkbox"/>	<input type="checkbox"/>		
	If the drug is an anti-psychotic medication: <ul style="list-style-type: none">Is the individual capable in fact of consenting?If not, is there court approved treatment plan and Rogers Monitor in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

FUNDS MANAGEMENT AND COMMUNITY REVIEW – Process and Sample Interview Questions

Rate this for sampled individual (**Cluster A person**). If the individual is independent in managing his/her funds, rate the indicators for the Cluster B person. If not relevant to B person, ask if they are applicable to anyone else at the location. If so, apply indicator to that person.

Process:

1. Ask if the agency is representative payee. If so, how are the social security funds managed (i.e., the agency has a collective account where the majority of funds are kept, and some monies are sent to the person's community account or the agency takes charges for care and send the entire remaining funds to the person's community account).
 - If collective account, need a copy of the ledger for account to evaluate all deposits and withdrawals for the last year.
 - If agency indicates that all remaining funds are sent to individual verify in the community account that amount is being sent monthly.
2. Ask for one year worth of financial transaction records including bank statements of all accounts, financial transaction records for all cash/debit card use.
3. Review 3 months' worth of information (FTR, receipts, bank account registers, etc.) to determine whether money is tracked appropriately and spent for items that benefit the individual. Check that the beginning balances of each month match the ending balance of the previous month. Check that receipts are available to denominations \geq than the agency policy. Check purchases to see that they make sense for the person.
4. Cross reference all withdrawals from collective account made out to the person is debited to the person's appropriate community account (i.e., personal checking or cash on hand)

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L67-69	Do you hold your own money? Do staff help you with spending your money?	<p>Inquire about access, security and general pattern of financial activities and support.</p> <p>Ask about the oversight, monitoring, and auditing practices of the agency. What is the practice for this location?</p> <p>Ask how joint purchases are made and tracked.</p> <p>Ask about long range and pro-active strategies that are utilized to ensure that bills are paid on time, that benefits/ entitlements are optimally obtained, that individuals do not lose their entitlements (E.g., due to too much in savings), and that individuals' long range financial goals are supported.</p> <p>Ask about the education and guidance that is offered to individuals to make purchases and spend money on an ongoing basis.</p> <p>Ask about money practices' including any differences in what occurs during the week versus the weekend.</p>	<p>Assess individual's interest in and knowledge of the finances, the value of money, and current practices regarding training and increased independence.</p> <p>Where money is kept</p>	<p>FTRs Receipts</p> <p>ISP – Training plan when applicable</p>

FUNDS MANAGEMENT AND COMMUNITY REVIEW FINDINGS:					
Person' Initials:		YES	NO	N/A	Evidence
L67:	Does the agency have shared or delegated management responsibilities for the individual's funds? If yes, is there: <ul style="list-style-type: none"> A written plan of the shared or delegated management responsibilities? Agreement of the individual, guardian or conservator to the plan? A training plan to eliminate or reduce the need for assistance (unless there is a clinical evaluation that the individual cannot learn how to manage or spend his or her funds or the ISP indicates no)? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
L68:	Are expenditures only made for purposes that directly benefit the individual (including expenditures for things such as cable that are shared among housemates)? There is <u>no</u> borrowing or lending of the person's funds by provider? The individual is <u>not</u> paying for goods or services that should be covered by the provider (e.g., staff expenses, gas)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 	(Note examples of expenses made with dates)
L69:	If there is shared or delegated management responsibilities does the provider assist the individual to manage his or her funds including: <ul style="list-style-type: none"> Having bank statements for the account or online access to account? Having a record of each transaction (including date, amount received or spent, on what the funds were spent, who was involved, and receipts for expenditures over \$25 or in accordance with agency policy)? (<i>Funds kept within community accounts and agency collective/held accounts are both reviewed</i>) The individual's funds are maintained at a level as not to exceed the allowable limits to maintain health insurance and/or Social Security Benefits. (<i>Funds kept within community accounts and agency collective/held accounts are both reviewed</i>) <ul style="list-style-type: none"> If the person has excessive funds, have they been supported to explore protected saving options such as ABLE accounts to protect them from exceeding allowable limits) 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		(Note the three months of transactions reviewed)

L70:	<p>Charges for care are calculated appropriately.</p> <ul style="list-style-type: none"> ○ Is the amount of the charge equal to 75% of the individual's entitlements <u>or</u> wages? OR ○ Is the amount of the charge equal to 75% of the individual's entitlements <u>and</u> (after deducting the first \$65.00), equal to 50% of the individual's remaining earnings? OR ○ Where the individual receives no entitlements or earnings, but has liquid assets (e.g., stocks, royalties), is the amount of the charge 75% of the "shared living expense" as determined by the SSA? <p>For individuals with ABI, must be left with at least \$200/ month.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Note entitlement amount/wages and charges for care amount calculated and as collected by the provider)
L71:	Is there notification to the individual or guardian of the charge, how it was calculated, and the individual's right to dispute the charge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RELATIONSHIPS: Process and Sample Interview Questions			
Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Documentation/ Additional items
C9	<p>Do you have friends?</p> <p>Do you get to see them as often as you would like?</p> <p>Would you like to meet new people?</p>	<p>How are you supported to understand the role of bridgebuilder?</p> <p>What supports are provided for the individual to make connections with others within the context of their community activities and routines?</p> <p>How often do they go out?</p> <p>Who do they interact with?</p> <p>How do they introduce themselves?</p>	
C10-C11	Ask about getting together with family and friends.	<p>Ask about relationships.</p> <p>Supports in place to encourage social skills, personal contacts.</p> <p>Who do they have relationship with? How do you support them to maintain these relationships?</p> <p>Examples of how the individual contributes/is involved in relationships?</p>	<p>Events calendars</p> <p>Interest assessments</p> <p>schedules</p>
C12	Ask about interests/ needs in more different types of relationships.	<p>Talk with staff about how they support the individual in the area of companionship, sexuality and intimacy.</p> <p>Did the person express that their needs are met in this area?</p>	<p>There is evidence that the needs and/or desires of the individual in the area has been assessed (formal/informal)? If a formal or an informal assessment is completed</p> <p>The provider utilizes a training/support curriculum that meets the individual's learning style?</p> <p>Staff have been trained in how to support individuals in this area?</p>

Person's Initials:		Evidence		
C9:	Staff (Home Providers) act as bridge builders and provide opportunities to develop, and/or increase personal relationships and social contacts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C10:	Staff (Home Providers) support individuals to develop appropriate social skills.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C11:	Staff (Home Providers) support individuals to get together with families and friends.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C12:	Individuals are supported to explore, define, and express their need for intimacy and companionship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(There is evidence that the person's needs are met.)
	The needs and/or desires of the individual in the area of sexuality/romantic relationship development have been reviewed (formal or informal evaluation process).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Staff are aware of and can describe individual's needs and interests, in the areas noted above	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	support is given to the individual, and that support and education is geared to the individual's learning style.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	The provider utilizes a curriculum and has appropriately trained staff or has access to resources that supports learning in this area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C18:	Staff (Home Providers) assist individual to purchase personal belongings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

GOAL ACCOMPLISHMENT, SKILL ACQUISITION REVIEW: Process and Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
L77		<p>What is the person's unique preferences in areas such as interaction style, routines, etc.?</p> <p>Does that person have any unique medical or emotional support needs? (ex. Prader-Willi, William Syndrome, Bi-polar disorder; ABI)</p>		Training Documentation in unique diagnoses

L88:	What goals do you want to work on? Do you get enough support to work on your goals?	What goals are you assisting the person to work towards and how are you assisting them? How do you monitor that individuals are being supported to work on goals and success?		Documentation at a minimum should identify when the goals are being addressed, what goals are being worked on, and the results of the support. Goals/ Objectives Data on goal accomplishment Support strategies
C13	Ask about things that the person does for themselves, and what they would like to do more independently.	Ask/ observe staff support to increase independence. Ask what the person is able to do for themselves. What does staff do for them?	Staff interactions to determine whether time, space, support is given to increase independence.	
C54	Ask person if there is something that they would like to do for themselves, that they currently cannot do to determine if Assistive Technology may be beneficial.	If assistive tech is in place, ask the staff how the person uses and if they need to provide any support to use. What training was provided to you regarding the individual's Assistive Technology	Observe for assistive tech or adaptive equipment (i.e., auditory alerts, low vision modifications, automated devices such as voice-controlled lights).	look for an assessment – formal/informal to identify areas what assistive tech was sought? Is there an AT support plan in place? If so, is it followed?

GOAL ACCOMPLISHMENT, SKILL ACQUISITION REVIEW FINDINGS:						
Person's Initials:		Evidence				
L77:	The agency assures that staff / care providers are familiar with and trained to support the unique needs of individuals.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
L86:	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>	(Note date due and date submitted)	
L87:	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>	(Note date due and date submitted)	
L88:	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
C13:	Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
C54:	Individuals have the assistive technology and/or modifications to maximize independence.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
Notes:						

INDIVIDUAL INDICATORS: CLUSTER B: (Name:)

ACCESS AND INTEGRATION – Process and Sample Interview Questions:

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation/ Additional items
C16-C17	Ask about/ observe interests in social, cultural, and recreational activities.	Familiarity with community resources. Ask about support for individuals to realize their preferences.		Schedules
C46	Ask about familiarity with generic resources.	How often did individual engage in preferred activities? Relationship with neighbors?		Calendars
C47	Ask about/ observe use of transportation to activities in the community.			Ticket stubs
C48	Ask about relationship with neighbors.			Receipts for community activities

ACCESS AND INTEGRATION FINDINGS:

Person' Initials:		Evidence			
C16:	Staff (Home Providers) support individuals to explore, discover and connect with their interests for cultural, social, recreational and spiritual activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C17:	Community activities are based on the individual's preferences and interests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C46:	Staff (Home Providers) support individuals to learn about and use generic community resources.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C47:	Individuals have full access to the community through transportation available and/or provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C48:	Individuals are a part of the neighborhood.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Notes:					

HUMAN RIGHTS, CHOICE, COMMUNICATION AND CONTROL REVIEW – Process and Sample Interview Questions

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation / Additional items
L1	What would you do if you were being mistreated by someone? If someone hurt you or was unkind to you? What would you do if you saw someone else being mistreated?	How are guardians informed of DPPC and how to recognize abuse, neglect and mistreatment? How are individuals informed?	Posting of DPPC info	Training docs Guardian info docs

	Have you heard of the Disabled Persons Protection Commission (DPPC)? Has someone spoke to you about how to report something to DPPC? If you needed help to contact DPPC, is there someone you could turn to for help?			
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Person' Initials:			EVIDENCE		
L1:	Individuals have been trained and guardians are provided with information in how to report alleged abuse/neglect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation / Additional items
L31 L32, L52	<p>Do you like to use the telephone? Or text? Use Skype or Facetime</p> <p>Do you need help making a call? Or texting?</p> <p>Do you get mail or letters that you need help reading/understanding?</p> <p>**Some people need assistive tech such as video phone, large keypad, voice to call/ texting software, etc.</p> <p>Do you feel you have enough privacy when using communication technology?</p> <p>Do staff listen or read communication with others? If so, is it because you need help?</p> <p>Are there times of the day or other restrictions on your communication with others?</p>	<p>1. What is the person's primary communication method? (Spoken, Assistive Tech, gestures)</p> <p>2. What language do they use? (English, ASL, Portuguese, Spanish, etc.).</p> <p>3. Ask how many staff and when are they available that are fluent in the person's primary language.</p> <p>Does this person need assistance to communicate with others or to read/understand written correspondence?</p> <p>Is so, describe the supports provided.</p> <p>What were the communication options explored with the person to determine their preferred communication technology?</p> <p>How were people supported to have regular communication with others particularly when visitation is limited?</p> <p>How do you promote people's privacy when using communication</p>	<p>Observe to determine if staff do demonstrate an ability to effectively communicate with the person.</p> <p>If the person uses augmentative communication devices, ask to see that it is operational.</p> <p>Ask about and look for operational necessary communication devices e.g., texting; Video with relay activated etc.)</p> <p>During observation identify where technology is stored and if used that privacy is afforded.</p> <p>Assess if there is private space for visits, phone calls and communication.</p>	Communication Assessment

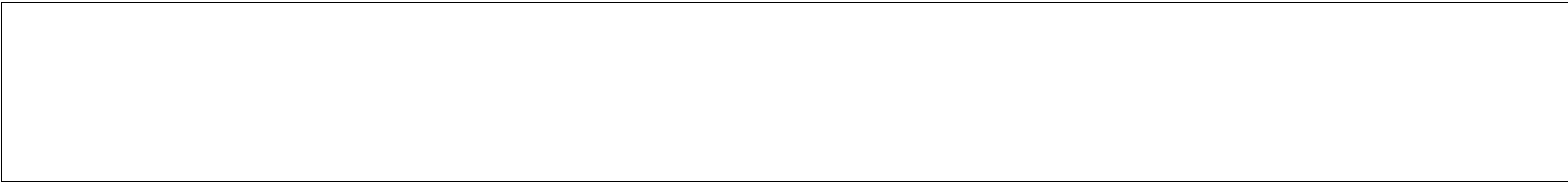
		technology? (Particularly if the person needs support to use). What communication technology and/or assistive tech were explored to enhance the person's independence so they may have greater independence?		
L49	If you are not happy with something, what do you do? (If the person feels free to seek out someone who will assist him or her with a problem or if he or she does not feel safe.) Is there someone you can talk to if you have a problem? Do you know your human rights advocate? *** Guardian Interview Also	Who is the HR advocate/officer? How did the person receive training on how to file a grievance? What is the process for the person to file a grievance?		Attestation of residency agreements. (Check the roster for currency for the individual sampled) Agency grievance procedure HR training info To indiv; to guardians

Person' Initials:		EVIDENCE			
L31:	Staff understand and can communicate with individuals in their primary language and method of communicating.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L32:	Individuals receive support to understand verbal and written communication.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L49:	Individuals and guardians have been informed of their human rights and know how to file a grievance or to whom they should talk if they have a concern.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation / Additional items
L90	Does staff knock before they come into your room? Can you meet with friends or family privately? Do your housemates respect your privacy? If not, do staff assist you with setting boundaries with your housemates? Do you feel that your belongings are safe when you are not home?	Ask about and observe the person being supported with privacy in the bedroom.	During observation watch to see privacy is given Locking mechanism	

C7	Ask about input into staff hiring and evaluation. Ask about staff characteristics preferences.	Ask about recent hiring and the process for including individual input into hiring. Ask about knowledge of individuals preferred staff, non-preferred staff and how ongoing feedback on staff is collected and used (e.g., supervision, evaluations) What is the process for including individuals that are unable to communicate?		Documentation of feedback from hiring interviews. Staff feedback forms <i>assesses feedback on staffing at two separate and distinct intervals – prior to hire and as part of the ongoing evaluation process</i>
L51-L53	Ask about family and friends. Visits Ask about how and how often communication with friends and family occurs.	Ask about people's interests, possessions, friends and family. Supports offered to visit and communicate. Technology used and frequency of contact. Support to maintain relationships.	possessions and decorations	Communication logs

Person' Initials:		EVIDENCE			
L51:	Individuals can access and keep their own possessions. <i>(Any restriction on personal possessions/funds shall be documented and HRC review. A training plan to eliminate, as appropriate is in place)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L52:	Individuals can make and receive phone calls and use other communication technology.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
L53:	Individuals can visit with family and friends. <i>(HRC review is needed for restriction no later the next meeting following the ISP modification)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<i>(Note who visits when)</i>
L55:	Informed consent is obtained from individuals or their guardians when required; Individuals or their guardians know that they have the right to withdraw consent. <i>(Media release consented to within parameters)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<i>(note media release information and date)</i>
L90:	Individuals are able to have privacy in their own personal space. Each bedroom door has a lock (except those that provide egress)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C7:	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
C8:	There are opportunities for communication between guardians, family members, and staff on a regular and timely basis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Notes:					



Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation / Additional items
C14 C19 C51- C53	What chores do you do around the house? What are you learning to do at home? Satisfaction with services and supports. Ability to make changes when problems arise.	Ask/ observe about choices in following areas: decorations; household routines; scheduled and non-scheduled activities; leisure activities; food and dining options. Ask about the person's decision making and support.	Routines Decisions choices	

Person' Initials:					EVIDENCE	
C14:	Staff (Home Providers) support individuals to make choices regarding daily household routines and schedules.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
C19:	The provider assists individuals to make knowledgeable decisions.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
C51:	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
C52:	Individuals have choice and control over their leisure and non-scheduled activities.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
C53:	Individuals are supported to have choice and control over what, when, where and with whom they want to eat.	<div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> N/A</div>		
Notes:						

HUMAN RIGHTS REVIEW: SPECIFIC INDICATORS				
Indicator	Individual interview (possible questions)	Staff interview (possible questions)	Observation	Documentation / Additional items
L10		Does the individual have any concerns that may put them or others at risk (e.g., medical, behavioral)		Risk Plan

Person' Initials:				EVIDENCE	
L10:	The provider implements interventions to reduce risk for individuals whose behaviors may pose a risk to themselves or others. <i>(Check HCSIS to see if person selected has a risk plan)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<i>(Note the risk, the interventions used, and any gaps)</i>

L56:	ENVIROMENTAL RESTRICTIONS			
<i>If restrictive practice exists, rate the circumstances for the Cluster B person— as either the individual who requires the restriction or a person who is impacted by it.</i>				
Are any individuals being supported with restrictive Practices? If no, STOP HERE.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Evidence
Person's Initials:				
<i>For the one person for whom the restriction is needed:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
1. Environmental restrictions are outlined in writing, identifying the rationale, and outlined as the least restrictive alternative. (E.g., door chimes for elopement, locked knives, auditory monitors)				
2. A plan for elimination or fading is included with the rationale as part of the document	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Agreement is needed from the legal decision maker for the individual is being imposed. Environmental restrictions- all agreements “through the ISP” are considered annual.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Inclusion in the ISP	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. HRC review of the plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>For the other individuals at the location for whom the restriction is not needed:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
1. The provider needs to develop provisions for these individuals so as to not unduly restrict them (a mitigation plan; mitigation practices) E.g., door chimes only used when X is home; arrangement with staff to come /go; passcode for chime. Sometimes these provisions are written right into the above plan, and not as a separate document.				
2. Guardians/ individuals are informed of the restriction which is in place at the location and understand the mitigation plan for their son/ daughter / ward (e.g. the plan for their person to use the door and go outside (e.g. that my ward carries a key to a locked cabinet so that she can use the scissors whenever she wants), and sometimes as an intake sheet notifying the guardian (e.g. this home is equipped with door chimes, and comings/ goings are handled in the following ways)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	


Behavior/PBS plans, guidelines or other interventions [115 CMR 5.14] Please note: <i>Italicized items are specifically required for behavior plans containing any Level II or III interventions.</i> If Level III interventions are being implemented, please refer to the DDS regulations for additional special requirements.				
Rate this for sampled individual (Cluster B person). If the individual does not require a behavior plan, rate the indicator for the Cluster A person. If not relevant to A person, ask if anyone is supported with a behavior plan. If so, apply indicator to that person.				
Are any behavior plans, guidelines or interventions with negative components or restrictive elements being implemented with any individual? If no, STOP HERE .		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(If a PBS plan has a restrictive component in it, then we are not rating L 58 and L59.)</i>
Person's Initials:		EVIDENCE		
L57:	Is the intervention part of a written plan? <i>(If use of restraint and using PBS, A Behavior Safety Plan and an Intensive PBSP is needed.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
L58:	Is the intervention based on an identified, individual need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>The desired positive replacement behavior(s)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>The Level(s) of the intervention(s)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>The target behavior(s) to decrease</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>A rationale based on a functional analysis of the target behavior(s) and antecedents? (Level II or III)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<i>Less restrictive alternatives/measures tried and that this is the least intrusive intervention possible?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Who will provide clinical oversight? (Level II or III)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Outline procedures for monitoring, documenting and clinical oversight of the plan? (Level II or III)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<i>Criteria for eliminating or revising the plan?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
L59:	Was the intervention reviewed and approved by: <ul style="list-style-type: none"> * Is the plan incorporated into the ISP? * Human rights committee? (if restrictive component) * Peer review (Level 2 Plans) committee? * Physician or qualified health care professional working under a Physician's supervision? (Level 2 or 3 Plans) 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/>
L60:	Data is maintained regularly and reviewed as required to determine the plan's efficacy. Plans are revised when indicated by data shows effect or when it is not effective?	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH RELATED SUPPORTS AND PROTECTIVE EQUIPMENT: [115 CMR 5.12]				
Rate this for sampled individual (Cluster B person). If the individual does not utilize, rate the indicator for the Cluster A person. If not relevant to A person, ask if anyone else is supported with health-related supports and protective equipment. If so, apply indicators to that person.				
Are any individuals being supported with HRS and PE? If no, STOP HERE.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person's Initials:			EVIDENCE	
L61:	Does the individual's record demonstrate that the provider has assured that all Health-related supports and protective equipment are: <ul style="list-style-type: none"> a. Described with specificity in the order authorizing their use OR within an intensive PBSP authorized by a qualified PBS clinician; b. In accordance with principles of good body alignment, concern for circulation, and allowance for change of position; c. Are in good repair and properly applied; and d. In accordance with safety checks and opportunities for exercise as specified by the order authorizing their use? e. With documentation as to the frequency and duration of use. Written protocol for use including items such as when to use, cleaning and care of device; documentation of use and safety checks	<input type="checkbox"/>	<input type="checkbox"/>	
L62:	<i>Health Related Protective Equipment used for preventing risk of harm of Self-injurious Behavior:</i> <ul style="list-style-type: none"> a. The continued need for the device is outlined within the ISP. b. Reviewed by the Human Rights Committee 	<input type="checkbox"/>	<input type="checkbox"/>	
L84:	Evidence of staff training and knowledge including demonstration of proper use Health- related Supports and Protective Equipment.	<input type="checkbox"/>	<input type="checkbox"/>	(use staff training review to note training dates)
NOTES:				

Personal Safety: Findings (Rated for IHS only)				
		EVIDENCE		
C21: IHS only	Staff helps to coordinate outreach efforts to other agencies, groups, community resources and natural supports when necessary to assist individuals to manage and maintain their independence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
(Rate for IHS only)				

ADMINISTRATIVE INDICATORS – Process with Sample Interview Questions

Indicator	Individual questions	Staff questions	Observation	Documentation/ Additional items
L2		What is the agency policy on reporting to the DPPC? Have you received training? Please give an example of a reportable event	Posting of info	Review communication logs and incident reports for events that should have been reported and cross check with investigations.

ADMINISTRATIVE INDICATORS FINDINGS: Validation at location for admin scoring		EVIDENCE
L2: 	Allegations of abuse/neglect are reported as mandated by regulation.	<i>(Note incident report or event that was not reported & any staff not knowledge of reporting)</i>
L4:	Action is taken when an individual is subject to abuse or neglect. <i>(If completing an audit at a location that is included in the sample of action plans selected then the double validation rule applies. If none, note a preliminary Not Rated (N/R) and validate there are no action plans identified during audits).</i>	
L65:	Restraint reports are submitted within required timelines. <i>(Cross check records to ensure that all instances of restraint have been reported)</i>	

Staff Training Review for Location and/or Individual

L 82: MAP requirement - Should be at main office and on-site ** If note a change in protocols in the MAR ask about re-training.

Training Specific to the individual:

Type	Who Can Train
Glucose Monitoring	Nurse, PCP, Pharmacist
Oxygen <i>Must have Vital Sign too</i>	Nurse, Rep Therapist or Vendor Company - LPN cannot train and a competency review
Warfarin (Coumadin)	RN, NP, PA, RPH or MD. LPN can do a competency review. Haven't admin in 12 months have to be retrained
Clozapine <i>Must have Vital Sign too</i>	RN, NP, PA, RPH or MD. LPN can do a competency review. Haven't admin in 12 months have to be retrained
Epi-Pen Vitals, CPR and First Aid	RN, NP, PA, RPH or MD. Recommended annually
G-Tube; J-Tube Vitals, CPR, First Aid	RN, PCP, NP Every two years & Haven't admin in 6 months have to be retrained. Training material should be on-site
Transcription Training	MAP Trainer Anyone who is responsible for transcription needs Provider specific training on provider specific process and protocols

General Training:

Type	Who Can Train
Vitals	RN or LPN

Behavior Plans— L78

Health Related Supports and Protective Equip – L84

Health-Management Protocols – L38

Special Diets – L39

Restrictive Interventions – L78

Specialized MAP Training – L82 (Epi-Pen, G-Tube, Vital signs, etc.)

Risk/PICA Plans – L10

** Use the completed schedules to establish list of current staff, which may include new staff and relief staff as well as regular staff.

*** For MAP training review – Use Medication Administration Records to determine who administered medications during the month(s) selected for MAP review. Use records to determine who transcribed medications.

For location-based trainings, review all staff who are on the current two-week schedules. If the following information is available on the agency's Tracking System, which has been verified as accurate, use that information. If this information

is not outlined in the tracking system, assess all staff's receipt of training at the site. Criteria for met: Minimum of at least one person per shift must be trained, and no one without training should be working alone. (Shaded areas are always rated).

Staff's Name / Employment Status: Full-time, Part-time or Relief	Safety Plan(L 5)	Signs &Sym(L80)	Health Related(L84)	MAP Cert (L82)					
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

** Do not apply training requirements to staff who are new and currently in Location Orientation. (Establish that the staff never works alone.)

**Evidence of staff knowledge of strategies and protocols can be reflected through interview or observation in the absence of training documentation.